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1. Manufacturer's name:

[illegible]

2. Manufacturer's address:

[illegible][illegible]

3. City:

[illegible]

4. State or Province:

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5. Zip/ postal code:

[illegible]

6. Country:

[illegible]

7. Manufacturer's phone# (US):

[illegible]

(area code)

8. Manufacturer's phone# (outside US):

[illegible]

9. Manufacturer's fax# (US):

[illegible]

(area code)

10. Manufacturer's Fax# (outside US):

[illegible]

11. Manufacturer's e-mail address:

[illegible]

12. Manufacturer's web site url:

[illegible]

Please continue on the next page



product ID (please leave blank)

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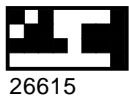
[illegible][illegible][illegible][illegible][illegible]

☐ **yes** ☐ **no**

☐ Other _____

☐ Electronic file (e.g. gif, jpeg, etc.)

Department of Health Services, Occupational Health Branch/University of California
1515 Clay Street, Suite 1901 Oakland, CA 94612 Phone#(510)622-4300 Fax#(510)622-4297



26615

Appendix B: Form for Submitting Product Information

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product ID (please leave blank)

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Fill in circles completely. Use block print and avoid touching lines.

9. Is the product available for purchase in California? ☐ yes ☐ no

10. What is the suggested retail price for a single product? \$

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 per

Describe how the product is sold or supplied (if applicable): _____ unit(i.e., needle w/ syringe)

Please mark all that apply.

11. What syringe volumes are available? (if applicable)

☐ 1 cc ☐ 3 cc ☐ 5 cc ☐ 10 cc ☐ 20 cc ☐ 30 cc ☐ 50 cc ☐ insulin ☐ tuberculin ☐ Other_____

12. What needle gauges are available? (if applicable)

☐ 15 g ☐ 16 g ☐ 17 g ☐ 18 g ☐ 19 g ☐ 20 g ☐ 21 g ☐ 22 g ☐ 23 g ☐ 25 g ☐ Other_____

13. What needle lengths are available? (if applicable)

☐ 5/8 in ☐ 1 in ☐ 1.5 in ☐ huber ☐ Other_____

14. Please describe how the safety feature is activated(if applicable): _____

15. When is the safety feature activated?

☐ Before use ☐ During use ☐ After use ☐ Other_____

16. Does the operator use two hands to activate the safety feature? ☐ yes ☐ no

17. If the operator uses two hands, do the hands remain behind the needle at all times? ☐ yes ☐ no

18. Please list references/citations for published and unpublished product evaluation articles/studies: _____

Certification: I certify that the information reported is true to the best of my knowledge. (It is unlawful to make untrue or misleading statements to the State of California.(California Business and Professions Code 17500))

Please sign: _____

Date: _____

Please print your name: _____

Title: _____

Thank you very much

page 2 of 2

Sharps Injury Control Program (Sharps)

Department of Health Services, Occupational Health Branch/University of California
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Appendix C

Definitions:

- A. Needleless System means a device that does not utilize needles for:
 - 1) The withdrawal of body fluids after initial venous or arterial access is established;
 - 2) The administration of medication or fluids; and
 - 3) Any other procedure involving the potential for an exposure incident.
- B. Engineered Sharps Injury Protection means either:
 - 1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
 - 2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

(Reference: **8 CCR SECTION 5193, BLOODBORNE PATHOGENS** adopted by the Occupational Safety and Health Standards Board and effective as a permanent regulation July 1999)